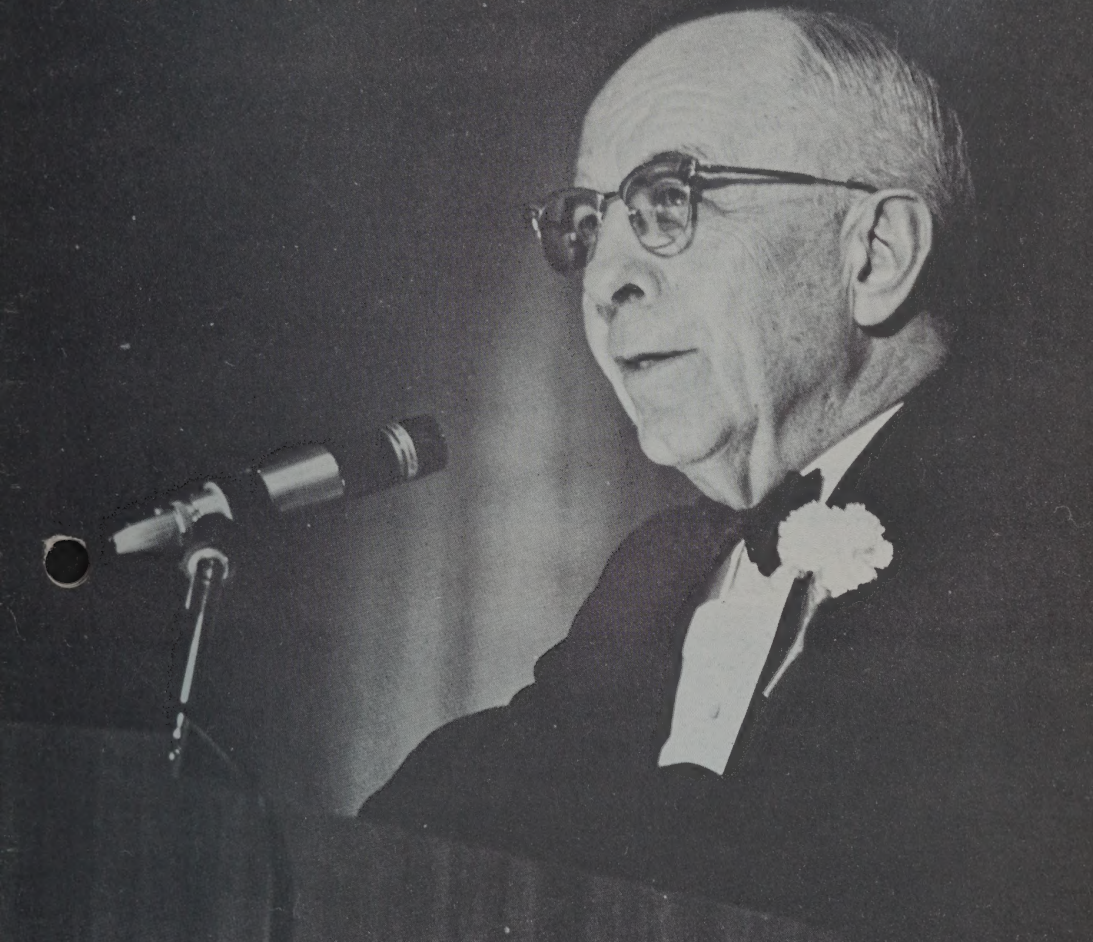
The Hampden Hippocrat



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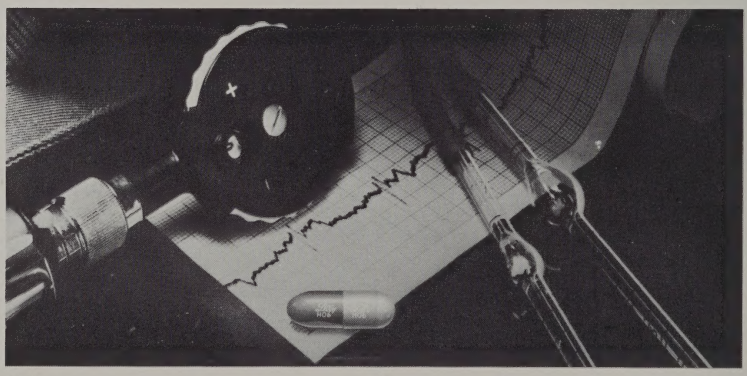

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The Hampden Hippocrat

Volume XXIII No. 7

Founded in 1942 by
Drs. Edward P. Bagg and William A. R. Chapin,
and published monthly except July and August.

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." Hippocrates

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FROM THE EDITOR'S DESK

After twenty-five years of letterpress printing, *The Hampden Hippocrat* is converting to offset printing beginning with this September, 1967, issue. The decision to change to offset printing was made in the belief that this process will enable us to use many more modern type faces, additional illustrations, and more color on the text pages, thereby yielding a more modern and attractive overall style to our bulletin.

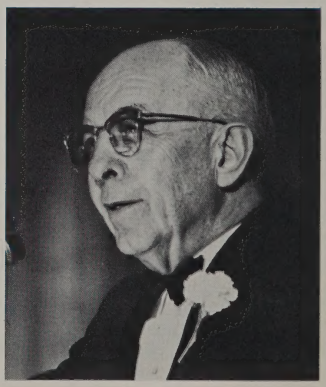
Equally as important, it is our fond hope that it will offer new advantages to our advertisers—current and prospective. Although our bulletin's circulation is relatively small, it reaches every physician and his family in the Hampden District. Moreover, we know that our articles and advertising are read because of the comments of our membership. Therefore, not only do we offer an exclusive and interested audience to our advertisers but also easier, cheaper, and better visual methods of reaching this audience. For instance, we can now accept such repro copy for offset as artwork, negatives, scotch-prints, etc. instead of plates that are costly to make and bothersome to handle. Reprints of formerly run ads can be reproduced without looking for old plates and irrespective of size. Moreover, with at least eight pages in color each issue, two color ads can be easily run.

For whatever success *The Hampden Hippocrat* may have enjoyed in the past quarter of a century, much credit therefor must be given to its printer during all this time, namely, The Elm Tree Press of Springfield. All of us associated with *The Hampden Hippocrat,* past and present, have nothing but praise and gratitude to offer for this long devoted service.

However, ever eager and desirous of producing a better organ, we are turning to the offset process and the "know-how" of the Burt Printing Company of Springfield with an eye to hopefully pleasing you even more.

John C. Ayres, M.D.

ON THE COVER



Milford O. Rouse, M.D., Dallas, Texas, delivering his inaugural address as the 122 President of the A.M.A. at its 116th Annual Convention in Atlantic City, N.J., on June 20, 1967.

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from

MILFORD O. ROUSE, M.D.

PRESIDENT, AMERICAN MEDICAL ASSOCIATION

PROFESSIONAL UNITY

In the book of Psalms it is written:

"Behold how good and how pleasant it is for brethren to dwell together in unity."

Idealistic? Perhaps! Yet, as I see it, UNITY is the key to achieving an over-all, effective medical profession.

Lacking unity, organized medicine would be at the mercy of those opposing it. Strengthened by it, organized medicine can determine its own destiny.

We live in a time where our profession is burdened by more and more demands, where we work under closer scrutiny and greater criticism, and where there is more involvement than ever before in our history with our national government in the area of total health care.

If we are to surmount the obstacles facing us, it is imperative that we unite at all levels . . . individually and collectively . . . on a local, state and/or national scope. Unity in our over-all purpose and unity in our public statements regarding that purpose are absolutely essential if we are successfully to hold our own against the carefully organized and solidly unified groups and organizations opposing us.

I do not mean that we should not or will not differ over ideas or policies. However, we should settle any of our differences in private so that we might present a united front to the public, to the government and to our opponents.

There are certain things to be done to build this united front. We must, for example, provide:

Inter-professional cooperation to attract bright young people into health careers;

Better communications within the profession and with the public;

Increased membership participation from the county level upward;

Complete cooperation and participation in lay health education;

Recognition and acceptance of our prime responsibility—at the local, state and national levels—to furnish the leadership in analyzing and implementing health care needs.

I have boundless faith in the physicians of America to do whatever needs to be done, in the most effective possible way. Our future, I firmly believe, will not be determined by those who oppose us, but by our own willingness to accept the responsibilities which are naturally ours.

Our experience, training and motivation uniquely equip us to be the true leaders in the field of health. The order of the day for us all is to unite and provide that leadership.

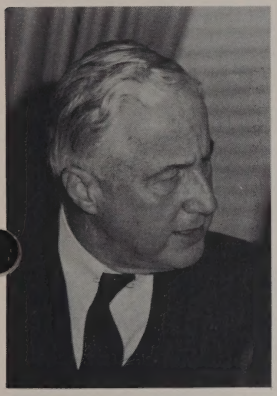
Milford O Rouse MD

President's Page

HERE WE STAND!

Are we as physicians becoming too involved in unfavorable publicity through news media, TV, etc.?

The humanitarian aspects of the practice of medicine render a physician vunerable to so-called sensationalism. In more recent years we have witnessed unusual reports portraying operative procedures and other activities allied with the practice of medicine.



We must ever be aware that it is the care of the sick which is our sole responsibility and as such is a very personal relationship between doctor and patient. Care of the sick is not to be exploited for the sake of making interesting reading for the lay public.

Let us render, in addition to our services in the care of the sick, the element of human dignity.

If we have factual and learned material worthy of publication, our medical journals are the proper media.

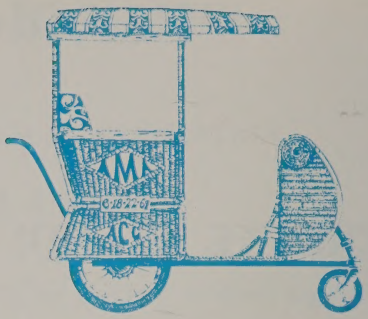
What is to be gained, as far as the individual patient is concerned, in providing for public consumption medical data and statistics? Rather, we ought to strive to render the best of our ability and knowledge in the care of the patient.

Let our deeds and accomplishments in the care of the ill and infirmed speak for themselves.

Joseph M. Baker M.D.

Joseph M. Baker, M.D.

ATLANTIC CITY 1967



Between the Speaker's call to order at 10 a.m. Sunday and the last voice vote at 1:12 p.m. Thursday, the A.M.A.'s House of Delegates meeting at the 116th Annual Convention in Atlantic City, N.J., from June 18th to the 22nd set two records.

One was in attendance inasmuch as 95% of the 242 delegates attended Sunday's opening session, 100% were in their seats for both Tuesday and Wednesday deliberations, and 99.6% were in attendance on the final day, Thursday.

The other was in accomplishment since the House was presented with 151 items of business on which action had to be taken. Of the 10 reports from councils considered by the House, all were adopted in their presented form except two from the Council on Medical Service which were amended and adopted. Of the 18 Board of Trustees' reports, 13 were adopted as presented; two were amended and adopted; two were accepted for information; and one was referred back to the Board along with state resolutions on the same

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subject. After many hours of Reference Committee hearings and additional debate on the floor of the House, 27 of the 123 state resolutions were adopted; another 25 were amended and adopted; 27 were referred to the Board or to one or more councils; 22 were combined with one or more others into substitute resolutions; 8 were replaced by substitute resolutions; and 14 were not adopted. The will of the House was expressed on a great variety of subjects.

Therapeutic Abortions

The House, in perhaps its most significant single action, enacted the association's first major policy change on therapeutic abortion in ninety-six years. The A.M.A. still opposes therapeutic abortion in principle and acknowledges that no physician can be expected to compromise his own moral or religious beliefs. Nevertheless, the A.M.A. now says, therapeutic abortion is ethically permissible—with documented medical evidence—under the following conditions:

(1) Continuance of the pregnancy may threaten the health or life of the mother.

(2) The infant may be born with incapacitating physical deformity or mental deficiency.

(3) Continuance of a pregnancy resulting from legally established statutory or forcible rape or incest may constitute a threat to the mental or physical health of the patient.

(4) Two other physicians, chosen because of their recognized professional competence, have examined the patient and concurred in writing.

(5) The procedure is performed in an accredited hospital.

"It is also to be considered consistent with the principles of ethics of the A.M.A. for physicians to provide medical information to State Legislatures in their consideration of revision and /or the development of new legislation

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regarding therapeutic abortion."

Government Health Programs

As might be expected, a great many reports and resolutions dealt directly or indirectly with the A.M.A.'s relationships with government and with the multitude of government programs existing or proposed in the health field. The House reaffirmed the A.M.A. policy that "the medical profession has long and consistently held to two basic positions concerning personal health care and its financing: that no one should go without needed care because of inability to pay, and that responsibility for payment rests first on the individual himself and then, to the extent that he is unable to pay, on his family, the community, the county, the state, and, to the extent that lesser levels of government are unable to finance the care, the federal government."

Recommendations adopted by the House are that the medical profession take a strong stand in support of implementation of Title XIX "while still seeking such changes in the federal legislation and/or regulations as will improve this program; that it urge organized medicine to take a leading role in formulating and directing Title XIX programs at the state and local level . . . and that it incorporate in such planning the use of existing voluntary mechanisms and private insurance carriers, wherever feasible, utilizing the usual and customary fee principle, thus bringing within the mainstream of present medical care systems the provision of quality health care for all Americans."

More generally, in connection with any and all government medical care programs, guidelines were adopted by the House:

(1) "The medical profession in any community is best represented by the local medical society and its officers. They should be consulted initially, and during the process of planning of any and all projects for the care of the sick and the preservation of health."

(2) In proposing any new facility, "it shall be first determined that existing facilities are so inadequate that only a completely new facility will provide a solution."

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(3) "The responsibility for the health needs of a community basically resides at the community level, and all the local resources shall be examined before the community accepts government monies."

(4) "If it is deemed advisable to operate a government-financed facility in a community, it shall in no way be binding upon a physician to refer his patients there; to coerce a physician to service the facility; and this facility must in no way infringe upon the private practice of medicine."

(5) "These projects shall not be developed or operated in such a manner as to establish a precedent that could lead to a government controlled medical care system in this country."

Professional Fees

In adopting a report of the Council on Medical Service regarding collection and disbursement of professional fees, the House reaffirmed past action and provided clear, consistent policy statements:

(1) It is proper for the physician to establish the fee he charges to any patient for professional service rendered, with the recognition that a duly constituted committee of his peers may appropriately review and pass upon the equity and justice of his charge.

(2) It is proper for third party agencies to make payment of professional medical fees for patients.

(3) It is proper for a physician to work with other physicians in a team approach to the provision of medical service, recognizing that each is entitled to compensation according to the value of his services and that charges attributable to each physician's service shall be made clear to the patient.

(4) It is proper for a physician who provides personal supervision and direction for a physician-in-training to charge for the professional medical service rendered.

(5) A physician should not enter into a contract or agreement with a hospital whereby the hospital acts as the agent for him unless it is with the consent of the physician and of the medical staff.

(6) Physicians, collectively in hospitals, may properly establish special medical

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staff funds, wholly under their own control, which they may support as they see fit and disburse as they may agree.

(7) Fees for professional medical services are properly paid only to the responsible physicians and may not be appropriated by any other person or agency.

(8) The physician is the sole arbiter as to the ways he may dispose of his professional income, without duress, consistent with the laws of the land and the Principles of Medical Ethics of the A.M.A.

Medicine and Osteopathy

The House adopted the following recommendations of the Board regarding the medical profession's relationships with osteopathy:

(1) Authorize the Board of Trustees to begin promptly negotiations directed toward beginning official change of schools of osteopathy to schools of medicine. (It is understood that from the American Medical Association, funds will be required to conduct these negotiations, and assistance in identifying and securing additional funds from other sources to support efforts toward changing the schools.)

(2) Authorize the Council on Medical Education to undertake negotiations to establish means by which selected students with proven satisfactory scholastic ability in schools of osteopathy may be considered by schools of medicine for transfer into medical school classes.

The primary issue in the relationship of medicine and osteopathy, as recognized by the House, seems to be not that of cultism as opposed to science. Rather the issue appears to be one level of medical education and practice as opposed to another and lower level of education and practice. The extensive and growing licensure of osteopathic physicians for the unrestricted practice of medicine and the nature of osteopathic education strongly indicate that time alone will resolve shortly the problem of cultism in relation to osteopathy.

Medical Manpower

The House resolved that the deliberations of the Committee on the Health Manpower include strong emphasis on sound ways of accelerating medical education in all its phases, including post graduate education, and of increasing the supply of physicians in all categories. Moreover, it concluded that "the A.M.A. should continue to study the effect of new roles for health personnel and new interrelationships and interdependencies between health professionals, as well as the impact of innovative concepts on the organizational structure evolving in the general system of health care delivery."

In addition, the House adopted a

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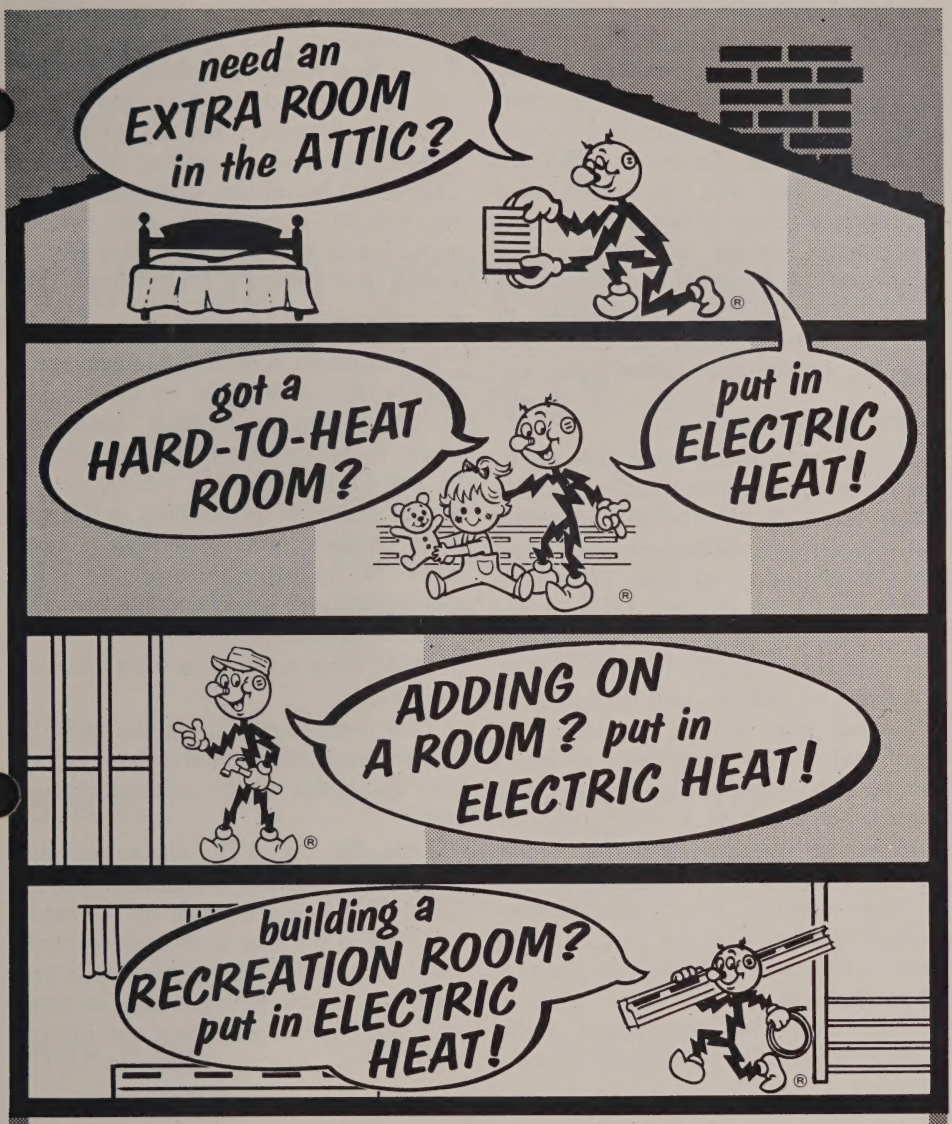
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resolution that "the A.M.A. reaffirm its support of all forms of nursing education; that hospitals which conduct diploma schools of nursing be commended; that such hospitals be urged to continue their schools and increase enrollment; and that the A.M.A. take appropriate action in consultation with professional nurses' associations and the American Hospital Association to encourage increasing enrollment in diploma schools and at the same time improve educational standards."

Political Action

Several resolutions were offered to the House questioning whether the administration of government programs is truly carrying out the intent of Congress in its passage of laws. They were combined by the House into one resolution stating that if legislation is introduced to investigate the activities of the Dept. of H.E.W. and its executive personnel who are concerned with health matters for the purpose of determining if the intent of Congress is being carried out, the A.M.A. will provide to such an investigation any information that its Board and councils may secure in these matters. The resolution also pointed out that since the most effective method to preserve the private practice of medicine is to elect proper officials at all levels of government, "the A.M.A. urges that physicians, as individuals, redouble their efforts in political activities."

The House also adopted a resolution that medical societies be urged to investigate, document and report to the Law Division all violations of Public Law 89-97 by officers or employees of the federal government and that a status report be provided to this House at the 1967 Clinical Convention.

Other Actions

A resolution combining several state resolutions was adopted by the House, asserting "that the A.M.A. again reaffirm its policy that physicians should be free to use either the generic or the brand names in prescribing drugs for their patients; and encourage physicians to supplement medical judgments with cost considerations in making this choice."

Many other resolutions were adopted including:

That there is nothing in the military officers' oath that conflicts in any way with the ethics of the medical profession.

That the J.C.A.H. encourage the acceptance, wherever possible, of physicians elected or appointed by the medical staff to the Board of Trustees with full voting rights as the most effective form of liaison between the medical staff and hospital governing authorities.

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NEXT MEETING
OF THE
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TIME: TUESDAY, SEPTEMBER 26, 1967
Business Meeting at 6:00 P.M. followed by
Social Hour at 7 P.M. and
Dinner (Courtesy of Society) at 7:30 P.M.

PLACE: THE OAKS BANQUET HOUSE
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PROGRAM: COMMITTEE REPORTS from Chairman
Report of Annual Meeting of Massachusetts
Medical Society

YOUR PRESENCE IS URGENTLY REQUESTED

John F. Griffin M.D.

JOHN F. GRIFFIN, *Secretary*

BYLAWS COMMITTEE

The Bylaws Committee recommends the adoption of the two amendments published below.

1. Amendment to Chapter III, Section 4.

The purpose of this amendment is to conform with the recent change in Chapter 1, Section 5 of the bylaws of the MMS, according to which senior fellowship will be granted henceforth automatically to all qualifying fellows. Hitherto such fellowship was obtainable only on individual application.

The amendment, if adopted, will read:

"Senior membership shall be conferred upon senior fellows of the Massachusetts Medical Society. Such fellowship is granted automatically to all fellows who have attained age 65 prior to January 1 of the current year, who have been dues-paying members for at least five years, and whose assessments have been paid or remitted. Such senior fellows are not required to pay dues nor shall they be subject to assessment. They may attend and address meetings of the society, and shall have the right to vote and hold office and to receive the publications of the society without charge (1, 5)."

2. Amendment to Chapter III, Section 5.

The purpose of this amendment is to extend to our senior members the opportunity of voluntarily continuing the remission of District dues.

In view of our free meeting dinners, many of our over-65 members have been diffident about attending meetings without paying dues. It is because of this that in recent years almost one third of them have never applied for senior fellowship (to which they were entitled) and have continued to pay combined dues (State and District) regularly. By reducing dues from the present $75.00 (State plus District) to $40.00 (District only), more of our senior members might hopefully choose to continue paying District dues.

The amendment, if adopted, will read:

"Senior members, although exempt from paying dues, may, if they so desire, continue the remission of such District dues and assessments as are voted by this Society for its own use."

Upon the adoption of the above amendment, existing Sections 5, 6, and 7, will become sections 6, 7, and 8, respectively.

John F. Griffin
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W.A.H.D.M.S. SCHOLARSHIP AWARDS

Mrs. Richard V. Paul, Chairman of the Scholarship Committee, is pictured presenting the scholarships. Recipients included seated, left to right: Misses Gloria Rosso, Karen Okolita, Elizabeth Marratta, Linda Mayr; standing, same order: Misses Cynthia Harris, Carol Fontaine, Bonnie Billings, and Ann Benson.

Woman's Auxiliary of Hampden District Medical Society has awarded a total sum of $2150 in scholarships to girls interested in nursing education and allied medical fields. The money awarded is a result of the net proceeds of the annual White Cap Ball.

The recipients of the scholarships are all residents of Hampden County and are all attending schools in the County. They include: Miss Elizabeth Marratta, daughter of Mr. and Mrs. Patrick Marratta of St. James Ave., a graduate of Sacred Heart High School, will attend Springfield Technical Institute; Miss Bonnie Billings, daughter of Mrs. Shir-

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ley Billings of Princeton St. was graduated from Technical High School and will study at the Springfield Hospital School of Nursing; Miss Karen Okolita, daughter of Mr. and Mrs. Stephen Okolita of Maple St., West Springfield, a graduate of West Springfield High School, will attend Mercy Hospital School of Nursing.

Miss Linda Ann Osborne, daughter of Mrs. Effie Scott of Beech St., Palmer, a graduate of Palmer High School, will continue studies at Holyoke Hospital School of Nursing; Miss Julie Ann Lunardini, daughter of Mrs. Mary Lunardini of Park View Ter., Holyoke, was graduated from Holyoke Catholic High School and will attend Providence Hospital School of X-Ray Technology; Miss Linda Mayr, daughter of Mr. and Mrs. Horst Mayr of Ellen St. a graduate of Technical High School will attend Springfield Hospital School of Nursing.

Miss Carol Fontaine, daughter of Mr. and Mrs. Lionel Fontaine of Northway Dr. was graduated from High School of Commerce and will attend Mercy Hospital School of Nursing; Miss Gloria Rosso, daughter of Mr. and Mrs. Frank Rosso of Letendre Ave., Feeding Hills, a graduate of Agawam High School, will attend Mercy Hospital School of X-Ray Technology; Miss Ann Benson, daughter of Mr. and Mrs. Richard Benson of Bowles Park was graduated from Classical High School and will attend Mercy Hospital School of Nursing; and Miss Cynthia Harris, daughter of Mr. and Mrs. Ernest Harris of Steven Dr., Holyoke, a graduate of Holyoke High School, will attend Holyoke Hospital School of Nursing.

A special grant was also awarded to Miss Katherine Peyre, daughter of Mr. and Mrs. Raymond Peyre of Linden St., Holyoke, who is a second year student at the Providence Hospital School of X-Ray Technology.

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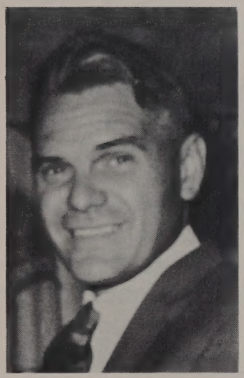
ACADEMY

The next meeting of the

SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, OCTOBER 10, at 8:30 P.M.



Howard H. Steel, M.D.

SPEAKER: HOWARD H. STEEL, M.D.
Chief Surgeon, Shriners' Hospital for Crippled Children, Philadelphia, Pa., and Professor of Orthopedic Surgery, Temple University Medical Center

TOPIC: "THE FACE OF SKELETAL DISEASE"

PLACE: Auditorium, Municipal Hospital, Springfield

CLINIC: Wesson Memorial Hospital, 5:00 P.M.

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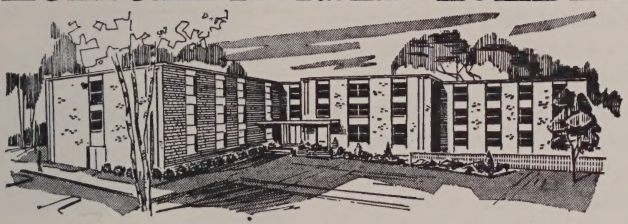

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MMS COUNCIL SPECIAL MEETING

Highlights by ALLEN S. JOHNSON, M.D.

A special meeting of the Council was held on June 28, 1967 in order that the President might ". . . report to the Council the result of our negotiations with Commissioner Ott and Dr. Frechette and to seek Council action on the position of the MMS relating to Title XIX".

Since the legality of the ex-officio Councilors' vote has not been finally determined, it was decided to record a roll call vote on all issues where the show of hands failed to reveal a margin of victory significantly greater than the number of non-elected ex-officio Councilors present. The Council also approved a recommendation to devote the first hour to informal discussion in the hope that the issues might become less befogged by the usual parliamentary legerdemain. This proved to be a vain hope as the usual stalwart Demosthenian band persisted in using their feet instead of the classical pebbles and were still in full cry when the hour and the audience had been exhausted.

To confuse matters still further, some half dozen resolutions were presented prior to debate as a sort of parliamentary smorgasbord from which the Councilors might ultimately pick their favorite. Most of these resolutions succumbed to various forms of parliamentary emasculation and the Council approved by an overwhelming vote a resolution of Dr. Scarcello as augmented by a few transplants and full thickness grafts. Any reader who wants the precise wording will have to wait for the official *Proceedings* after they have been distilled from the morass of tape transcriptions and stenotypy. In essence, the Council voted to accept conditionally Commissioner Ott's proposal of a Blue Shield Plan B. fee schedule as a temporary solution of the problem pending the MMS appeal of his ruling at the forthcoming public hearing where the Society will also present its arguments for customary and usual fees.

The Council also endorsed Dr. John Parker's resolution that the MMS through an appropriate committee, develop within one year a state-wide schedule of prevailing fees as a basis for negotiation with the Welfare Department and other third parties involved in the payment of medical charges.

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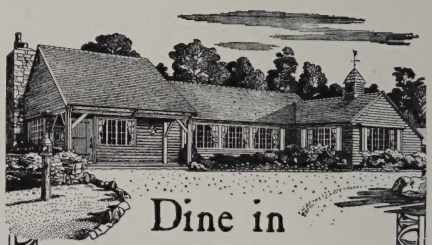
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SPRINGFIELD ACADEMY OF MEDICINE
PROGRAM FOR 1967-1968

	Topic	Hospital Clinic
1967		
September 12		
Mark A. Hayes, M.D. Professor of Surgery Yale University	"An examination of the Thyroid Nodule versus Thyroid Cancer" problem.	Springfield Hospital
October 10		
Howard H. Steel, M.D. Chief Surgeon Shriners Hospital, Philadelphia	"The Face of Skeletal Diseases"	Wesson Memorial
November 14		
David Hurwitz, M.D. Chief, Division of Medicine Mt. Auburn Hospital, Cambridge	"Problems in Diagnosis and Treatment of Diabetes Mellitus"	Providence Hospital
December 12		
Richard W. Wilson, M.D. Director, Tumor Clinic Peter Bent Brigham Hospital	"Renal Transplant"	Springfield Hospital
1968		
January 9		
Francis F. Foldes, M.D. Chief, Division of Anesthesiology Montefiore Hospital, New York	"Narcotic Poisoning"	Wesson Memorial
February 13 **with** **Western Chapter** **Massachusetts Heart** **Association**		
Dwight E. Harken, M.D. Chief, Dept. Thoracic Surgery Mt. Auburn Hospital, Cambridge	"Recent Advances in Cardiac Surgery" (audio-visual demonstration and discussion)	Springfield Hospital
March 12		
Robert W. Kistner, M.D. Assistant Professor Obstetrics & Gynecology Harvard University	"Surgical Treatment of Endometriosis" (Infertility)	Providence Hospital
April 20 **Saturday**		
Symposium	"Fluid and Electrolytes"	
May 14		
ANNUAL MEETING & ELECTION OF OFFICERS		
Attorney Lyman Burgess	"Estate Planning"	

IN MEMORIAM

GARRY deN. HOUGH, JR.

Dr. Garry deN. Hough, Jr. of 143 Farmington Rd., Longmeadow, Mass., died while vacationing at Vineyard Haven, Mass., on July 13, 1967.

Born in New Bedford, Mass., on July 27, 1897, Dr. Hough, Jr., was educated in local schools, went on to graduate from Wesleyan University, Middletown, Conn., in 1918, and received his medical degree from Harvard Medical School in 1921. After completing his postgraduate training at the Presbyterian Hospital and the New York Orthopedic Hospital in New York City, he came in 1925 to Springfield, where he practiced orthopedic surgery until his demise.

Dr. Hough, Jr., was for many years associated with the Shriners' Hospital for Crippled Children, where he was Chief Surgeon from 1942 until his obligatory retirement in 1962, at which time he was made Chief Surgeon Emeritus. He also served on the medical staff of the Wesson Memorial Hospital, being President thereof at one time, and was affiliated with The Springfield Hospital. Dr. Hough, Jr., was a member of the American College of Surgeons, the American Academy of Orthopedic Surgeons, and the A.M.A. as well as a diplomate of the American Board of Orthopedic Surgery. He was also a member of the Mass. Medical Society; the Hampden District Medical Society, of which he was President in 1953-1954; and the Springfield Academy of Medicine, of which he was President in 1951-1952.

To his family, his many friends, and associates, deepest sympathy is hereby extended.

COMING EVENTS

HDMS FALL MEETING, SEPTEMBER 26

HDMS EXECUTIVE COMMITTEE MEETINGS, SEPT. 19 and OCT. 17

MMS COUNCIL MEETING, BOSTON, MASS., OCTOBER 11

AMERICAN ACADEMY OF GENERAL PRACTICE,
DALLAS, TEXAS, SEPTEMBER 18 - 21

AMERICAN COLLEGE OF SURGEONS, CHICAGO, ILL., OCT. 2 - 6

AMERICAN HEART ASSOCIATION,
SAN FRANCISCO, CALIFORNIA, OCTOBER 20 - 24

AMERICAN ACADEMY OF PEDIATRICS,
WASHINGTON, D.C., OCTOBER 21 - 26

AMA CLINICAL MEETING, HOUSTON, TEXAS, NOVEMBER 26 - 29

CENTER FOR RETARDED IN SPRINGFIELD

As part of its program in focusing the treatment of mental illness and mental retardation in the community, the Department of Mental Health is planning to construct in Springfield a 500 bed facility for retarded persons within the next few years.

In the fall of 1962 a community conference on "Action for Mental Health" was co-sponsored by the Community Council, United Fund, and the Hampden District Medical Society. At that time, a Subcommittee on Mental Retardation pointed out the necessity for a diagnostic and residential center for retarded persons.

In December of 1966 the Commissioner of Mental Health requested that the Hampden District Medical Society send a representative to a meeting with representatives of the Department of Mental Health, Community Council, Springfield Mental Health Center, Hampden County Association for the Mentally Retarded, and the Springfield City Planner to select a site for the proposed center to be located in Springfield. It was felt by this group that insufficient information was available to them to make an intelligent decision about the optional location of the center.

Two members of the Mental Health Committee visited one of the Connecticut State Regional Centers for the Retarded located in Seaside, Connecticut. This trip brought out many excellent suggestions which this progressive program offers to Connecticut.

At the request of the Assistant Commissioner of Mental Retardation the Chairman of the Hampden District Mental Health Committee with the Executive Director of the Hampden County Association for Retarded Children went to Boston in early April. At that time it was explained that the 500 bed figure for the center was dictated by a presidential advisory committee which after study recommended that no facility for retarded persons be built larger than 500 beds. The retarded services are outlined in the recent act establishing mental retardation services and shall consist of (a) diagnostic evaluation and revaluation services, (b) various treatment services, (c) various training programs, (d) pre-school clinical services, (e) long and short term day and night care residential services for various purposes and mental health consultation and educational services to community agencies and professional personnel practicing in the area.

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The advantages of approaching retardation from the local level includes the possibility of maintaining close family relationships and making many services available on a day-care basis. The facilities of the community can be drawn apart to augment the components present in the center itself. The problems of personnel recruitment are lessened and housing for personnel are not necessary. Community awareness of the needs of the retarded is fostered and thus volunteer help is available. The agencies in the area are available to the residents and near-residents to use their services.

The general concept of the architectural form is envisioned as small cottage type buildings none of which would house more than 24 persons which would blend into the surrounding community as much as possible. A study by the state engineers concluded that 60 acres would be the proper size for a setting of this type facility. To avoid immediately filling with transfer of patients from Belchertown, an agreement would be reached whereby no more than one third of the 500 residential beds would be filled from Belchertown, plus one third from the waiting list for Belchertown, and at least one third of new patients from the community. It is planned that Springfield will be a regional center offering special programs which would not be available in small schools to be constructed later in Greenfield and Pittsfield. Examples of such special problems would be blind and retarded children, or deaf and retarded children. Aside from these exceptions, all patients will be treated in their local areas.

Following this meeting, a trip to the new center named Hathorne in Danvers was undertaken. This entire facility was toured, the Superintendent and Chief Psychiatrist were interviewed and the plans reviewed with the State Engineer. This regional center serves the area north of Boston. It is in the process of being opened and at the same time constructed. The program for nursery aged day care is underway and a few severely retarded younger children are in residence for custodial care. The training program for personnel is going on continuously, and the planned parts seem well conceived and executed. The land is adequate since 100 acres were available on the grounds of the Danvers State Hospital. Still under construction is the training center including the gymnasium and auditorium as well as two dormitories which are planned to house juvenile aged patients. Eventually planned but not under construction are "half-way" houses for adult retarded persons. This center was planned six years ago. Since then it has become apparent that its location is inaccessible and it would better have

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been built closer to a population center readily available to public transportation. The dormitories are larger than desirable and for that reason future buildings will house no more than 24 beds each. Both the Superintendent and the Chief Psychiatrist feel that the six months which was allowed to plan the program and procure staff prior to opening were inadequate and that at least one year should have been allowed for this undertaking.

Following this trip, the local representatives reviewed the Springfield area to see if more suitable sites were available for such a center in the City. The patient buildings would include a hospital-infirmary building to house 100 patients; a nursery building (four one story structures of 28 beds each); youth buildings for ages 8 to 16 years (four buildings of 24 beds each); aged 16 to 26 year old age group (two buildings of 20 beds each); semi-infirm buildings (two buildings of 20 beds each); adult buildings (four buildings of 24 beds each) and a "halfway house" building with male and female wings. Other facilities would include kitchen, dining, storage building, combination administrative and evaluation center, school training center, activity buildings, store and shopping buildings, maintenance and power plants and, perhaps, employee living quarters and laundry facilities. After reviewing the Springfield area in some detail, five additional sites were suggested as suitable for such a location.

At our suggestion Doctor Robert Hyde, the Assistant Commissioner of Mental Retardation, came to Springfield with representatives of his engineering department as well as the architects from the firm of Mossler and Healy of Worcester who have been appointed by the Governor. These architects are the same firm who built the Hathorne School at Danvers. The relative merits of the area sites were discussed at this meeting and during the day these sites were viewed with representatives of the City Planning Department.

This philosophy of placing the center for the mentally retarded within the community, concentrating on out-patient educational and rehabilitation services, and intergrating services within the community frame work is in keeping with the most progressive ideas on the modern concepts of residential care for the mentally retarded. Under the new Mental Health Law, this facility will be administered by the same area board which will administer the Mental Health Center to be built on the grounds of the Springfield Hospital. The responsibility of both centers will overlap somewhat but having a common board for administrative purposes will minimize duplication of effort in this sphere.

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INDOCTRINATION

Left to Right: Leon Kruger, Medico-Legal Affairs; Vivian M. Purdy, Exec. Sec.; Samuel Potsubay, Supervisory Censor; James Fisher, President of Academy of Medicine; Rosalie Starodoj, new member; Allen Johnson, Past President H.D.M.S. and M.M.S.; J. R. Chabot, new member; Joseph Baker, President H.D.M.S.; Dominic DeLaurentis, new member; Donald Bouchard, new member; Max Millman, Medical Ethics; John Griffin, Secretary, H.D.M.S.; William D. Kiss, new member. Absent inductees were Robert Bye, F. C. Schwendenmann, Donald G. Fahy, Ann Hirschhorn, Richard Hirschhorn, John E. McHugh, George Pelletier, and Pedro Silva.

The seventh annual Indoctrination Dinner was held at Longmeadow Country Club on June 7, 1967. The Massachusetts Medical Society has recently encouraged the district societies to hold this type of meeting for new members. H.D.M.S. is unique in this as they have been holding this type of dinner for about eight years.

The new members introduced themselves and gave a brief biographical sketch. All others present gave a five minute or less talk to new members about ethics, physicians responsibility to the H.D.M.S., legal affairs, and functions of the executive offices. All new members were urged to read *The Hampden Hippocrat.* A delicious dinner was enjoyed by all present, and the meeting was adjourned at 9:30 p.m.

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HAMPDEN CAPSULES

Dr. Grugan will head the United Fund campaign this fall with assistance from Drs. Bozigian, Walthall, McEwen, and Stoler.

Dr. John Turner spoke to the Springfield Rotary Club on "The Hospital and the Community, 1967."

WWLP—"Servant of the Public" award, June 27th—Dr. Joseph P. Derby, honored as an outstanding orthopedic surgeon who has served on the Board of Public Welfare, the original Dexter Fund Committee and as trustee of the Municipal Hospital and in many other fields.

Dr. Malcolm S. Allan has been appointed Chairman of District I of the American College of Obstetricians and Gynecologists.

Dr. Setrag Zacarian gave a paper "Cryosurgery of Cutaneous Carcinoma" at the Cryobiology and Cryosurgery Symposium held at the State University of New York at Buffalo, School of Medicine.

Dr. Paul T. Moore, Treasurer of HDMS was recently appointed as a Medical Director of Massachusetts Mutual Life Insurance Company.

Dr. Eoline DuBois was honored on her 89th birthday by Quota Club of which she is a founder.

Dr. Irving Steinberg, Chief of Medical Services at the Springfield College for the past 10 years was quoted during an interview in the "Medical News", May issue.

Dr. Lewis W. Whiting is back in practice again after a prolonged illness.

Dr. Niemiro of Holyoke presented an original paper at the 66th annual meeting of the American Proctologic Society in New Orleans in June.

Dr. James Byrnes retiring from practice in Holyoke.

Dr. Eugene Boss, Jr. has accepted an appointment from the Commissioner of Mental Health to the selection committee to nominate members to the Mental Health Board. Dr. Joan Brady is also serving on this committee.

Dr. Edward P. Bagg of Holyoke, "Emeritus Everything", attended his 60th reunion at Yale University in June. His daughter-in-law says he likes to receive mail at the Holyoke Nursing Home, 1913 Northampton St.

Your Executive Secretary, Vivian Purday has been asked to serve for a term of three years on the Executive Editorial Board for the American Association of Medical Society Executives by their president, John K. Hart of Chicago.

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FIFTH ANNUAL HDMS

Top winners in the annual golf tournament of the H.D.M.S. held on May 24, 1967, at the Longmeadow Country Club are pictured above. L. to R.—Dr. Roger Dudis, second low net; Dr. William Coons, second low gross; Dr. Ken McEwen, low gross; and Dr. Stanley Stusick, low net.

Checking In . . .

L. to R.—Harry L. Roberts and Aloysius A. Bloniarz.

Sharpening Up . . .

Incognito

GOLF TOURNAMENT

Taking Off . . .

L. to R.—Lewis D. Blackmer, B. Bruce Alicandri, and William Raleigh.

Concentration . . .

James G. Fitzpatrick

Kibitzing? . . .

L. to R.—Wayne C. Barnes and Malcolm S. Allen.

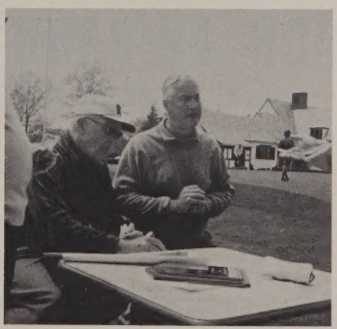
Stoking Up . . .

L. to R.—Robert W. Emery and Kenneth L. McEwen.

Consultation . . .

L. to R. Arthur E. Gramse, and John F. Griffin.

Moment of Truth . . .



L. to R.—Harry L. Roberts and Joseph M. Baker.

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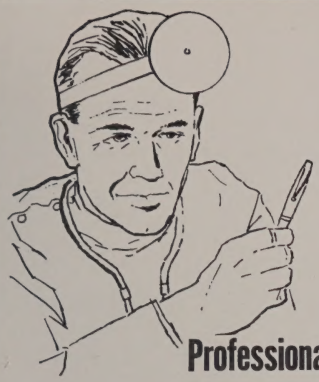

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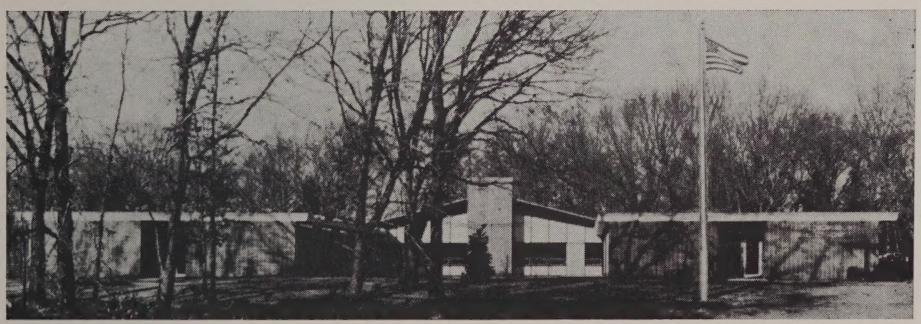

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